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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/612,371
Filing Date	07/02/2003
First Named Inventor	Van der West
Group Art Unit	2816
Examiner Name	Ton, My TRANG
Attorney Docket Number	Inphi-P065

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client request change to new attorney.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Attn: Steven C. Patrick Koppel, Jacobs, Patrick and Heybl					
Address	555 St. Charles St., Suite 107					
Address						
City	Thousand Oaks	State	CA	ZIP	91360	
Country						
Telephone			Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☒ the attorneys/agents associated with Customer Number 22877

This request is enclosed in triplicate (including any attachments).

Name	Dennis S. Fernandez
Signature	<i>[Signature]</i>
Date	6/28/04

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.